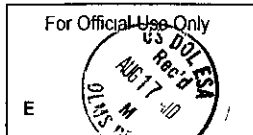


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>8991</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Lawrence</u> <u>W</u> <u>BOWMAN</u> P O Box, Bldg, Room No, if any <u>P.O. Box 2097</u> Street _____ City <u>NEWBURGH</u> State <u>NEW YORK</u> ZIP Code + 4 <u>12550</u>	4 Name, file number, and address of labor organization Name <u>TEAMSTERS LOCAL # 445</u> Labor Organization File Number <u>027-514</u> P O Box, Building and Room Number, if any <u>PO Box 2097</u> Street _____ City <u>NEWBURGH</u> State <u>NEW YORK</u> ZIP Code + 4 <u>12550</u>
5 Position in labor organization _____	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name if any _____ P O Box Bldg Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income <u>X</u> 7 b Amount <u>X</u>

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed Lawrence W Bowman

On 8-8-05
Date

845-564-5297
Telephone Number

Name of Person Filing <u>LAWRENCE W. BOWMAN</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name _____</p> <p>Trade Name, if any <u>TEAMSTERS LOCAL # 445</u></p> <p>P O Box Bldg Room No , if any <u>P O BOX 2097</u></p> <p>Street _____</p> <p>City <u>NEWBURGH</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>12550</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>TEAMSTERS LOCAL 445 WELFARE FUND</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg Room No , if any <u>P O BOX 3572</u></p> <p>Street _____</p> <p>City <u>NEWBURGH</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>12550</u></p>	<p>11 a Nature of such dealing</p> <p><u>EDUCATIONAL Conference / SECAL ADVISORS</u> <u>FOR FUND TRUSTEES</u> <u>4/24/04 - 4/30/04</u></p> <p>11 b Approximate dollar value of such dealing <u>0</u></p> <p>12 a Nature of interest held or income received</p> <p><u>REIMBURSE EXPENSES for food</u> <u>lodging + TRANSPORTATION</u></p> <p><u>CASH - 2100 00</u> <u>CASH - 412 69</u> <u>2512 69</u></p> <p>12 b Amount <u>\$ 2512.69</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg , Room No , if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing

LAWRENCE W BOWMAN

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

TEAMSTERS LOCAL # 445

P O Box, Bldg, Room No, if any

PO BOX 2097

Street

City

NEWBURGH

State

NEW YORK

ZIP Code + 4

12550

9 Business deals with



a Labor Organization



b Trust



c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

TEAMSTERS LOCAL 445 WELFARE FUND

Trade Name, if any

P O Box, Bldg, Room No, if any

PO BOX 2572

Street

City

NEWBURGH

State

NEW YORK

ZIP Code + 4

12550

11 a Nature of such dealing

EDUCATIONAL CONFERENCE
FOR FUND TRUSTEES
/ INTERNATIONAL FOUNDATION OF
EMPLOYEE BENEFIT PLANS
11/30/04 - 12/6/04

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

REIMBURSE EXPENSES FOR FOOD
Lodging & TRANSPORTATION
CHECK \$2100.00

12 b Amount

\$2100.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment